



17th Annual Missouri Interpreters Conference 2010

October 15-17, 2010

Tan-Tar-A Resort, Osage Beach, MO 65065



REGISTRATION FORM (PLEASE PRINT CLEARLY)

Name _____
(Last Name) (First Name)

Address _____
(Street Address)

(City)

(State)

(Zip)

Work Phone/TTY _____ Home Phone/TTY _____

E-mail** _____ FAX _____

** Must provide e-mail address for confirmation of registration.

CONFERENCE REGISTRATION PRICES:

EARLY BIRD

☐ \$100.00 (Friday, Saturday, Sunday)

☐ \$ 90.00 (Saturday only)

Student Pricing (Copy of ID required)

☐ \$ 80.00 (Friday, Saturday, Sunday)

☐ \$ 70.00 (Saturday only)

Early Bird Registration includes the Saturday Luncheon. This rate is given to anyone who submits their registration **postmarked by September 6, 2010**

REGULAR

☐ \$125.00 (Friday, Saturday, Sunday)

☐ \$115.00 (Saturday only)

Student Pricing (Copy of ID required)

☐ \$ 95.00 (Friday, Saturday, Sunday)

☐ \$ 85.00 (Saturday only)

Regular Registration includes the Saturday Luncheon. This rate is given to anyone who submits their registration **postmarked between September 7 - 27, 2010**

ON-SITE

☐ \$140.00 (Friday, Saturday, Sunday)

☐ \$130.00 (Saturday only)

Student Pricing (Copy of ID required)

☐ \$110.00 (Friday, Saturday, Sunday)

☐ \$100.00 (Saturday only)

On-Site Registration does **NOT** include the Saturday Luncheon. This rate is required for anyone registering **On-site at the conference**

The completed registration form and payment must be postmarked no later than September 6, 2010 to qualify for the "Early Bird" registration price*. Registrations postmarked no later than September 27, 2010 must pay the "Regular" registration price*. (*Includes Saturday's Luncheon.) **Registrations postmarked after September 27, 2010 will be returned to sender** therefore you **MUST** register at the door paying the on-site rate. No refunds will be given after September 6, 2010.

Make checks payable to: MCDHH/BCI Fund

Mail registration form and payment to
Missouri Interpreters Conference
1500 Southridge Dr., Suite 201
Jefferson City, MO 65109

Please indicate if you have any special dietary needs. We will make every effort to accommodate you.
diabetic _____ vegetarian _____ Other _____

I understand that my paid registration (**postmarked by September 27, 2010**) includes the Saturday Luncheon. I would like to pre-order _____ extra Saturday Luncheon ticket(s) for family members and/or friends at \$20.00 each to be picked up at the conference registration desk. Enclosed is an additional \$_____ for luncheon tickets.

Contact Missouri Commission for the Deaf and Hard of Hearing by September 27, 2010 to request special accommodations for the conference.

DEMOGRAPHIC INFORMATION

African-American _____
Native American/Alaskan Native _____
Asian/Pacific Islander _____
Hispanic _____
Caucasian _____

Male _____
Female _____

Deaf _____
Hard of Hearing _____
Hearing _____

Under 25 _____
25-44 _____
45-65 _____
Over 65 _____

Teacher _____
Parent _____
Administrator _____
Student _____
Interpreter _____

FOR OFFICE USE ONLY
DATE RECEIVED

RECEIVED BY

AMOUNT PAID

CHECK/PO NUMBER

EXTRA LUNCH

EMAIL SENT/INITIALS